
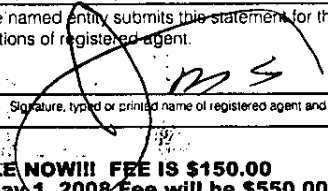
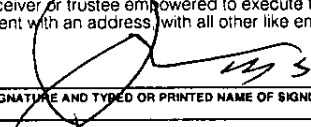


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90016 014 \*\*\*150.00

<b>DOCUMENT # P06000116361</b> 1. Entity Name <b>BRADENTON DENTAL CENTER, INC.</b>					
Principal Place of Business <b>3220 1ST STREET WEST BRADENTON, FL 34208</b>			Mailing Address <b>3220 1ST STREET WEST BRADENTON, FL 34208</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-5519060</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOMELDORPH, HOWARD R JR 7648 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243</b>			7. Name and Address of New Registered Agent Name <b>JOHN DELK</b> Street Address (P.O. Box Number is Not Acceptable) <b>3220 First SW</b> City <b>Bradenton</b> FL Zip Code <b>34208</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE <b>10 Feb 08</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P DELK, JOHN W 3220 1ST STREET WEST BRADENTON, FL 34208</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  <b>John Delk DDS</b> Date <b>10 Feb 08</b> Daytime Phone # <b>9412326713</b>					

40026237



02082008 Chg-P CR2E034 (12/06)

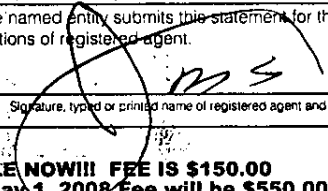
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **JOHN DELK**  
Street Address (P.O. Box Number is Not Acceptable) **3220 First SW**  
City **Bradenton** FL Zip Code **34208**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **10 Feb 08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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SIGNATURE:  **John Delk DDS** Date **10 Feb 08** Daytime Phone # **9412326713**